



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 788803		2. Exact name of the Corporation WindHorse Therapies, Inc.		
3. Principal office address 420 D Scrabbletown Road		City North Kingstown	State RI	Zip 02852
4. Business Phone No. 401-267-0023		5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island integrated mental health practice				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Alison B. Dwyer		Vice-President Name Mary Ellen Dwyer		
Street Address 420 D Scrabbletown Road		Street Address 420 D Scrabbletown Road		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI
Secretary Name Alison B. Dwyer		Treasurer Name Mary Ellen Dwyer		
Street Address 420 D Scrabbletown Road		Street Address 420 D Scrabbletown Road		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name None		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		200	Common Stock	\$0.01

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date

Check No

By:

FOR SECRETARY OF STATE USE ONLY

FILED

FEB 12 2013

By 1118

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Representative

Date

Mary Ellen Dwyer
Mary Ellen Dwyer, Vice President

Print or Type Name of Authorized Representative